

ACB
FPW

CERTIFICATE OF MAILING

hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on Nov. 21, 2005.

Anne Antonoff
Anne Antonoff

In Re Application of:

MeLampy et al.

Confirmation No.: 3506

Serial No.: 09/911,304

Group Art Unit: 2662

Filed: July 223, 2001

Examiner: Albert T. Chou

Docket No.: 50115-1070

For: **System and Method for Providing Rapid Rerouting of Real-Time Multi-Media Flows**

The following is a list of documents enclosed:

- Return Postcard
- Amendment Transmittal
- Second Response and Amendment
- Check in the amount of \$320.00 for extra claim and one month extension
- Petition for Extension of Time
- Drawing (Replacement Sheet) of Fig. 7

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

**AMENDMENT TRANSMITTAL LETTER (SMALL)**

Applicant: McLampy et al.

Docket No.

50115-1070

Serial No.
09/911,304Filing Date
July 23, 2001Examiner
Albert T. ChouConfirmation No.
3506Group Art Unit
2662**Invention: System and Method for Providing Rapid Rerouting of Real-Time Multi-Media Flows****Commissioner for Patents**Mail Stop AF
P.O. Box 1450
Alexandria VA 22313-1450

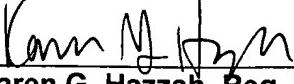
Transmitted herewith is Second Response and Amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	30-	44 =	0	X \$50.00	\$0
INDEP. CLAIMS	5-	4 =	1	X \$200.00	\$200.00
Multiple Dependent Claims (check if applicable)	<input type="checkbox"/>			\$360.00	\$
EXTENSION FEE	1 ST MONTH <input checked="" type="checkbox"/> \$120.00	2 ND MONTH <input type="checkbox"/> \$450.00	3 RD MONTH <input type="checkbox"/> \$1,020.00	4 TH MONTH <input type="checkbox"/> \$1,590.00	\$120.00
Other Fees:					\$0
				TOTAL ADDITIONAL FEE FOR THIS AMENDMENT	\$320.00

- No additional fee is required.
 Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed.
 A check in the amount of \$320.00 to cover the extra claim and one month extension is enclosed.
 A Credit Card Payment Form PTO-2038 is attached in the amount of \$ _____.
 The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.


Karen G. Hazzah, Reg. No. 48,472

Nov. 21, 2005

Date